

Nightingale House Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Sterling Care Homes Ltd

Service provider number:
SP2003002231

Service no:
CS2003010219

About the service

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas vital to the support and wellbeing of people experiencing care during the pandemic. This inspection was carried out by inspectors from the Care Inspectorate.

Nightingale House is a listed building with several conversions to create 41 rooms with ensuite facilities. The service provides nursing and residential care for older people with a range of needs including dementia.

Residents' accommodation was arranged over two floors in the main home and the annex. Each floor had several bedrooms supplemented by lounge and dining areas with quieter reminiscence rooms and large assisted bathrooms. Secure garden areas were accessible on lower floors with outside furniture.

The service was in a residential area of Paisley, close to local amenities.

There were 39 people using the service at the time of our inspection.

What people told us

During this visit we spent time in both units. We saw residents moving freely within the home. People were supported by staff to access all areas of the service.

We spoke to some people living in Nightingale House and observed friendly, individual, and small group exchanges. Interactions were limited to ensure we observed safe physical distancing.

Staff were observed responding to the needs of individuals. Staff were seen to engage with residents who responded well to staff and appeared content in their company.

We were able to speak to several relatives visiting the service. They were satisfied with the level of care and support their loved ones received at Nightingale House Care Home. They told us the service had maintained regular contact and kept them up to date with changes or concerns about their relative.

Overall, they felt staff and management provided helpful support that made a difference to people's lives.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

On arrival to the service staff verbally risk assessed visitors. Lateral Flow Device (LFD) testing and temperatures were routinely recorded where appropriate. This was to assist in the early detection of potential COVID-19 symptoms. There was an adequate supply of alcohol-based hand rub (ABHR), and personal protective equipment (PPE) was routinely supplied. Waste bins for the safe disposal of PPE were readily available throughout the service.

We observed the care and support provided to be warm and considerate. People's individual needs and preferences were acknowledged by the staff who were committed to supporting people to make choices. Overall people appeared contented and happy with their care and support.

We saw the service had compressed their care planning format to capture key information about the person. This included information about people's changing needs due to COVID-19.

Decisions about care and treatment were informed by a range of good practice tools including the health and social care standards and risk assessments. The clinical health and care needs of people appeared well managed with access to a range of health professionals. Referrals were based on good practice guidance. This meant staff took account of people's needs and preferences which helped people feel safe.

Care plans we read took account of people's wishes, including end-of-life care when appropriate. Staff acknowledged barriers during the pandemic made it more difficult to offer some people and their family the opportunity to talk about their health declining, including things they hoped to do or would like to happen. The priority was to maintain the person's quality of life by involving those closest to them where possible.

Assessments and audits were undertaken to inform and support good practice. This approach helped to ensure responsive care and support for people with, appropriate clinical care and governance. Nursing staff maintained, for example, key information around admissions, falls, medications, infections, and wound care at an individual and unit level. We encouraged management to reintroduce clinical oversight meetings to supplement a daily Covid huddle. This was to help ensure clear lines of communication, accountability and improve practice to help safeguard all aspects of people's health and well-being.

We saw the service had maintained clear records and residents' weights were reviewed regularly. There was a clear protocol for the introduction and management of food and fluid charts. These were detailed to offer an account of an individual's intake. Additional support following referrals had been provided by the care home liaison nurse and the dietician. This was important due to the service identifying a high number of residents at risk of a reduction in weight. This may have been associated with increased isolation during the pandemic.

Sufficient staff were available to maintain good nutritional support. Staff recognised this as an important opportunity for people to experience companionship and provide important social cues to improve nutritional outcomes for people at risk.

Regular planned activities were paused at times due to increased pressures of staffing during the pandemic. We observed individuals who enjoyed the company of others were encouraged to do so. Areas around the home had been adapted to support safe physical distancing, which was well managed. People isolated in

their rooms received regular wellbeing checks from staff. The service was recruiting further staff to support increased meaningful occupation.

We saw people were supported to maintain contact with family and friends through technology and telephone calls. Families we spoke to told us they appreciated the endeavours the service made to help them maintain more regular visiting.

There were no issues reported with access to or the supply of medications during the COVID-19 pandemic.

7.2 Infection control practices support a safe environment for both people experiencing care and staff

The service had systems in place to manage the isolation of residents if required. Regular COVID-19 testing was in place and staff understood the guidance on accessing tests for COVID-19, for staff visitors and residents.

Staff were able to recognise suspected or confirmed cases of COVID-19 including reporting and maintaining contact with local health protection teams. They were proactive in responding to challenges people may have around safe physical distancing, including compassionate and kind support for those people with reduced capacity.

There were a range of signs available to promote hand hygiene, putting on and taking it off personal protective equipment (PPE). These included accessible pictorial and written cues. We asked the service to supplement this with signs to promote good respiratory hygiene.

The service had sufficient supplies of PPE including gloves, masks, visors, and aprons. This was regularly reviewed and managed by the Covid champion. This meant PPE supply stations were always adequately stocked, and located to support easy access. Staff had quick and easy access to clinical waste bins when supporting people. Waste containers were available in the external bin area. This reduced the risk of cross contamination.

Management had provided regular peer support for infection prevention and control (IPC) practices. We reviewed some records of observations and audits of staff practice. We found support to maintain good practice and consistency in relation to PPE and IPC was good, but not always well evidenced.

Housekeeping staff had adequate supplies of equipment including the correct cleaning equipment products and disinfectants specific to COVID-19. The service did have systems in place to confirm shared care equipment was properly cleaned and disinfected between each use. We observed a few raised toilet seats, shower seats and drains with some rust and contamination. Frequently touched areas were cleaned up to three times daily by staff and cleaning schedules were in place. We gave further advice on NHS national colour coding and the safe use of mops. This meant people were protected from the spread of infection.

Laundry staff did not always follow current guidance for the handling, transferring and thermal disinfection of laundry. The current layout of the laundry prevented the safe flow of used and clean laundry. Management took immediate action to remedy some of these areas including the purchase of new laundry trolleys. The service will explore solutions to improve the flow between used and clean laundry areas. We have included this as an area for improvement (AFI). See AFI 1.

Overall, we felt some carpets, furniture, and fittings were tired and required to be renewed. We saw two new macerators were on order, mattresses had recently replaced, and new pillows and duvets were ordered during the inspection. The service shared a well-developed environmental improvement plan with

timescales to address areas identified during the inspection. To enable a review of progress we have included this as an ongoing area for improvement. See AFI 2.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

We spoke to staff who were aware of IPC practices. Training records we reviewed showed staff had online access on to infection control training. It was not possible to assess the content of training during the visit.

Staff uniforms were not washed at the service. Staff were able to describe the correct procedure for washing uniforms at home. A changing room was available with signage to limit access.

Staff told us they enjoyed working at the service and about the benefits of training about COVID-19 and infection control. They were kept up to date on COVID-19 through information notices boards. These provided guidance from Scottish Government, Public Health Scotland, and other agencies on managing the pandemic. These approaches helped to reduce the risk of infection for people and staff.

To support improved practice, peer support had been introduced. Competency assessments for the use of PPE and hand hygiene had been undertaken, however records were not always maintained. This meant there was no robust evaluation of learning into day-to-day practice. The service should capture and evidence important changes to practice to confirm learning around IPC is consistently implemented.

We suggested the service develop their one-to-one supervision with staff to include more reflective practice notes to validate training and inform practice. The service should also continue to review compliance levels in other key areas of mandatory training including, for example, adult support and protection, dementia, and anticipatory care training.

Overall, staff told us they had felt well supported by management. Specific communication around Covid was managed through a daily huddle. We encouraged the service to reintroduce the full daily oversight process which had been paused. This was to help to support managerial and clinical overview, communication, and leadership. This was central to provide clarity, ensure consistency and reduce any anxiety around current staff changes.

Staff vacancies meant there was a short term reliance on temporary and agency staff to cover senior posts. The service was focussed on recruitment for these roles. This was important to ensure people cared for were confident staff had the right knowledge and skills to support them in achieving the best possible outcomes.

There was a commitment to roster adequate staffing. The service used a staffing dependency tool to inform staffing decisions. We saw an approach of 'core staffing' within each unit. This supported a relationship based approach to care and support.

The service was asked to further develop the staffing contingency plan to include, for example, plans to recruit core staff, the safe use of agency staff, redeployment, and overtime. This was important to reassure people and families enough staff were available for the wellbeing and safety of residents at all times. We have made a requirement about safer staffing. See requirement 1.

Requirements

1. By the 1 July 2021, the provider must ensure suitably qualified and competent staff are working in and leading the care service in such numbers as are appropriate for the health, welfare, and safety of service users.

In order to do this the provider must further develop and share the staffing and contingency plan with arrangements for the immediate and future management of the service. These include:

- ensuring leaders of the service understand the key roles and their responsibilities and at all levels empower staff to support people,
- clinical and managerial oversight arrangements to ensure residents benefit from effective treatment and intervention and get the right healthcare from the right person at the right time,
- temporary staffing arrangements,
- and progress reports on the recruitment of staff to vacant senior posts.

This is to ensure care is consistent with the Health and Social Care Standards, which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This is necessary to comply with Regulation 4(1)(a) (welfare of service users), Regulation 7 (1)(2) (fitness of managers) and Regulation 15 (a) (staffing) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Areas for improvement

1. The provider had completed an audit of furnishings, fittings, and equipment. A high number of areas were identified for repair, or replacement. An environmental improvement plan was developed with dates and timescales for completion. The provider should continue to action key areas to ensure all worn and damaged fitting and fixtures are replaced. This will enable them to be effectively cleaned and disinfected.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state, 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16), 'My environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

2. The service had made some adjustments to the laundry for the safe management of linen. Some actions were implemented during the inspection, others require to be implemented. These include:

- the introduction blue linen bags and trollies to manage heat sensitive personal clothing. This was to improve the safe segregation of used linen,
- further guidance to laundry staff on the use of washing cycles to ensure thermal disinfection of laundry,
- the supply of new portable trollies to reduce risks around the transfer of used and clean laundry,
- exploring the layout of the laundry for an additional exit door to separate the flow of used and clean laundry.

This is to ensure care and support is consistent with the Health and Social Care Standards which state, 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'My environment is secure and safe' (HSCS 5.17).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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